This Compliance Acknowledgment certifies that the undersigned retailer understands and agrees to adhere to the requirements set forth by Minnesota State law (Statute § 325E.3892) and the Michael Harding Art Formulas Ltd. Compliance Policy regarding the sale and distribution of products containing lead and cadmium.

**Retailer Information**

* **Retailer Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Store/Business Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Business Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Contact Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgment of Policy**

I, the undersigned, hereby acknowledge and agree to the following:

1. **Compliance Requirements**: I understand that it is prohibited to sell, hold for sale, or distribute any Michael Harding Art Formulas Ltd. product in the state of Minnesota that falls within the 15 restricted Product Categories if it contains lead or cadmium levels exceeding the statutory thresholds.
2. **Inventory Management**: I agree to regularly review inventory to ensure that no restricted products are sold within the state of Minnesota. Any non-compliant products will be removed from sale immediately.
3. **Monitoring and Audits**: I acknowledge that Michael Harding Art Formulas Ltd. reserves the right to conduct audits to verify compliance and that support will be provided in identifying compliant products.
4. **Reporting Issues**: I commit to reporting any compliance concerns or non-compliance incidents to Michael Harding Art Formulas Ltd. immediately for further guidance.
5. **Understanding of Federal Pre-emption**: I understand that, unless pre-empted by federal law, the Minnesota law applies to all products unless stated otherwise.

**Signature**

By signing below, I confirm that I have read, understand, and agree to comply with the above policies and state regulations.

* **Retailer Representative Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_